

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.

FILED DATE

APPLICANT/DO

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
	1	/	/	/				51					
2		/	/	/				52					
3		/	/	/				53					
4		2	/	/				54					
5		2	/	/				55					
6		2	/	/				56					
7		2	/	/				57					
8		2	/	/				58					
9		2	/	/				59					
10		2	/	/				60					
11		2	/	/				61					
12		2	/	/				62					
13		2	/	/				63					
14		1	/	/				64					
15		1	/	/				65					
16		1	/	/				66					
17		1	/	/				67					
18		1	/	/				68					
19		1	/	/				69					
20			/	/				70					
21				/				71					
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42								92					
43								93					
44								94					
45								95					
46								96					
47								97					
48								98					
49								99					
50								100					
TOTAL IND.		4		4				TOTAL IND.					
TOTAL DEP.		17		17				TOTAL DEP.					
TOTAL CLAIMS		21		21				TOTAL CLAIMS					